### 1

#### The desire to fill the insatiable lack creates experiences of impairment that structures the disability drive. The drive is tied up with primary pity which reflects disability upon the ego threatening its ability status – which invokes secondary pity to overcorrect for the shattered-ego necessitating disabled death.

Mollow 15 [The Disability Drive by Anna Mollow A dissertation submitted in partial satisfaction of the requirements for the degree of Doctor of Philosophy in English in the Graduate Division of the University of California, Berkeley Committee in charge: Professor Kent Puckett, Chair Professor Celeste G. Langan Professor Melinda Y. Chen Spring 2015 // WHSRS and Lex VM]

A great deal of the pain and pleasure of primary pity center on questions about what, or who, this fallen self is. When most people think about pity, we refer to an affect in which, to adopt Edelman‟s phrase, we purport to “feel for the other.” But as with primary narcissism, in which the self has not yet been constituted, and therefore cannot be said to enter into intersubjective relations with an “other,” primary pity entails a mixing up of self and other such that the ego, in becoming permeable to pain that may properly belong to “someone else,” is profoundly threatened in its integrity. Primary pity is that intense pain-pleasure complex that is provoked by the image of a suffering other who, it seems momentarily, both is and is not one‟s self. This affective response can feel unbearable, as seen in Siebers‟s formulation: one “cannot bear to look…but also cannot bear not to look.” Primary pity is difficult to bear because it involves a drive toward disability (one cannot bear not to look), which menaces the ego‟s investments in health, pleasure, and control—because to contemplate another person‟s suffering is to confront the question, “Could this happen to me?” Such a prospect, although frightening, may also be compelling; in this way, primary pity replicates the self-rupturing aspects of sexuality. Indeed, the unbearability of primary pity reflects its coextensiveness with sexuality. Sex, or the Unbearable, a book coauthored by Edelman and by Lauren Berlant, argues that sex “unleashes unbearable contradictions that we nonetheless struggle to bear” (back cover). This claim accords with Freud‟s account of sexuality as a “pleasurable” “unpleasure” that the ego can never fully master or control (Three 49,75). As Leo Bersani puts it in his reading of Freud, “the pleasurable unpleasurable tension of sexual enjoyment occurs when the body‟s „normal‟ range of sensation is exceeded, and when the organization of the self is momentarily disturbed”; thus, “sexuality would be that which is intolerable to the structured self” (Freudian 38). Primary pity is also intolerable to the structured self, because it entails a fascination with the fantasy of a self in a state of disintegration or disablement. Secondary pity is something else, although it cannot wholly be differentiated from primary pity. Secondary pity attempts to heal primary pity‟s self-rupturing effects by converting primary pity into a feeling that is bearable. As with secondary narcissism, secondary pity involves both an attempt to get back to that ego-shattering state of painfully pleasurable primary pity, and at the same time to defend against that threat to the ego by aggrandizing oneself at someone else‟s expense. Secondary pity refers to all those ego-bolstering behaviors that most people think of when they talk about pity. Disabled people are all too familiar with these behaviors: the saccharin sympathy, the telethon rituals of “conspicuous contribution,” the insistence that “they” (i.e., nondisabled people) could never endure such suffering. More commonly known in our culture simply as “pity,” secondary pity encompasses our culture‟s most clichéd reactions to disability: charity, tears, and calls for a cure. Correlatives of these commonplace manifestations of secondary pity are the obligatory claims that disabled people‟s suffering is “inspiring.” Indeed, the speed with which conventional cultural representations of disability segue from overt expressions of pity to celebrations of “the triumph of the human spirit” highlights the ways in which secondary pity, as a defense against primary pity‟s incursions, reinforces the ego‟s fantasy of sovereignty. Secondary pity, in other words, can be seen as a variation of secondary narcissism: these affects enlarge the ego of the pitier or the narcissist at the expense of someone else. But primary pity is not the same as either primary narcissism, secondary narcissism, or secondary pity. Unlike primary narcissism, a feeling that emerges out of a relation to the world in which notions of “self” and “other” do not obtain, primary pity does depend upon the constructs of self and other, although these constructions are unstable and are continually threatening to come undone. Primary pity can thus be envisioned as a threshold category occupying a liminal position between the total denial of the other that is inherent to primary narcissism and the rigid structure of (superior) self and (inferior) other that constitutes secondary narcissism and secondary pity. My concept of primary versus secondary pity also differs from Freud‟s primarysecondary narcissism distinction at the level of genealogy. Like Freud‟s account of primary and secondary narcissisms, my model of primary and secondary pities involves a temporal transition; but whereas Freud imagines the movement from primary to secondary narcissism as a passage from an earlier to a later stage of an individual‟s development, the temporal shift from primary to secondary pity happens much more quickly than this. It happens in an instant: that moment in which we feel primary pity and then, almost before we can blink, deny that we feel or have felt it. The denial is understandable: who wants to admit that one gets pleasure from the sight of another person‟s suffering—or, to make matters worse, that this pleasure derives in part from the specter of disability‟s transferability, the possibility that this suffering could be—and, fantasmatically, perhaps already is—an image of one‟s own self undone? Indeed, the model of primary pity that I have been constructing may sound a bit too close to sadism for some people‟s liking. Pity does come close to sadism, and at the same time, to masochism, which Freud theorizes as sadism‟s obverse. In “Mourning and Melancholia,” an essay that can be read as a sequel to “On Narcissism,” Freud approaches a distinction between primary and secondary masochism, which accords with my primary-secondary pity heuristic.122 If the story that I traced in “On Narcissism” could be summarized as “child gets breast; child loses breast; child gets breast back, albeit in a secondary, adulterated form,” the tale that Freud tells about masochism takes much the same form. In this story, subject loves object; subject loses object; and subject tries to get object back by becoming object, that is, by identifying with the object in such a way that object starts to seem—and perhaps in some ways is—part of subject‟s self. This last phase is a dysfunctional and disabling form of identification, Freud makes clear. Subject is still angry at object for having left it, and it takes out that anger on the object that is now part of itself. This is the reason that people suffering from melancholia are so hard on themselves, Freud says; the “diminution in…self-regard” that typically accompanies melancholia results from the subject‟s attacks on the loved-and-lost object that the subject has incorporated into its ego (“Mourning” 246). Freud had not wanted there to be such a thing as primary masochism; for a long time, he had insisted that sadism, or “aggression,” was the primary instinct, and that masochism was only a turning-inward of this originary aggression. But in “Mourning and Melancholia,” although Freud does not yet use the term “primary masochism,” he nonetheless gets at this concept. The problem of suicide, Freud notes in this essay, raises the possibility that the ego “can treat itself as an object” that it wants to destroy (252). When it comes to such an extreme act as suicide, the possibility of carrying “such a purpose through to execution” must, Freud surmises, involve more than a sadistic wish to punish others. Perhaps, then, there is an innate desire to destroy one‟s own self, Freud hypothesizes. If so, this self would not be a single thing: it would be “me” and at the same time, the lost object whose image “I” have internalized. Freud‟s notion of a primary masochism is tied very closely to his conceptualization of the drive. Beyond the Pleasure Principle, the text in which Freud first used the term “death drive,” was published three years after “Mourning and Melancholia.” In the later text, Freud‟s speculations about the death drive lead him to acknowledge that “there might be such a thing as primary masochism” (66). After all, Freud points out, the idea that either sadism or masochism definitively takes precedence over the other does not ultimately make much sense, as “there is no difference in principle between an instinct turning from the object to the ego and its turning from the ego to an object” (66). If sadism and masochism are ultimately indistinguishable obverses of each other, then pity, in both its primary and its secondary forms, would have to be both sadistic and masochistic. This is a deeply troubling possibility, but I suggest that trying to overcome pity will only make matters worse. There are many ways of trying to overcome primary pity, and each one ultimately aggravates the violence of primary pity. One way is the “pitiless” refusal of compassion that Edelman advocates (70). Another is the disability activist “No pity” injunction. A third example is secondary pity, as in the query, commonly addressed to disabled people, “Have you ever thought of killing yourself?”123 In this question, disabled people correctly hear the wish, “I‟d like to kill you.” Indeed, primary pity is so unsettling that our culture has been driven to “mercifully” kill people in the name of secondary pity. We have also been driven to lock people in institutions, to let them languish on the streets, to stare, to punish, and to sentimentalize—all, I would suggest, in the interest of not owning, not naming, not acknowledging that self-shattering, ego-dissolving, instantaneous and intolerable moment of primary pity. Because primary pity is tied up with the disability drive, it must, like the drive itself, be regarded as unrepresentable. However, I will quote at length from a passage of writing that comes close not only to representing primary pity but also perhaps to producing it. In his memoir, One More Theory About Happiness, Paul Guest describes an experience that he had in the hospital after sustaining a spinal cord injury when he was twelve years old: My stomach still roiled and it was hard to keep anything down. Late one night, a doctor came to my bedside, leaning over me, his hands knotted together. He seemed vexed, not quite ready to say anything. Used to the look, I waited. And then he began. “The acids in your stomach, Paul, because of everything you‟re going through, it‟s like your body, everything about it, is upset. That‟s why you feel so nauseous all the time. We‟re going to treat that by putting a tube into your nose and down into your stomach, so we can give you medicine, OK?” When he walked away, I felt something begin to give way inside me. Up until then, I‟d faced more misery and indignity than I would have thought possible. I lay there, numb and sick in a diaper, helpless. It was too much to bear, too frightening, a last invasion I could experience and not break, utterly. When he returned with nurses, I was already sobbing. Anyone so limited could hardly fight, but I tried. I tried. The neck collar prevented much movement, and any was dangerous, but I turned my head side to side, just slightly, a pitiful, unacceptable range. Fat tears rolled down my face like marbles. I begged them all, no, no, no, please no. “Hold him, hold him still,” the doctor said. Nurses gripped my head on either side. From a sterile pack, the doctor fished out a long transparent tube and dabbed its head in a clear lubricant. He paused almost as if to warn me but then said nothing.

#### The 1ACs belief of a better future is tied to rehabilitation where the signifier of the Child is placed forward which deems the disabled child a threat to society and is thus eradicated from the political.

Mollow 2 [The Disability Drive by Anna Mollow A dissertation submitted in partial satisfaction of the requirements for the degree of Doctor of Philosophy in English in the Graduate Division of the University of California, Berkeley Committee in charge: Professor Kent Puckett, Chair Professor Celeste G. Langan Professor Melinda Y. Chen Spring 2015 // WHSRS and Lex VM]

“Let us begin our reexamination of Tiny Tim with a discussion of No Future, a text in which Tiny Tim takes a prominent position. No Future is a text with a target: the book takes aim at “the Child whose innocence solicits our defense,” a trope that Edelman names as the emblem of an ideology that he terms “reproductive futurism” (2). According to Edelman, commonplace cultural invocations of the figure of the Child (“not to be confused with the lived experiences of any historical children”) uphold “the absolute privilege of heteronormativity” (11, 2). Defying pronatalist social imperatives, Edelman names queerness as “the side of those not fighting for the children‟” (3) and urges queers to accept the culture‟s projection of the death drive onto us by saying explicitly what Law and the Pope and the whole of the Symbolic order for which they stand hear anyway in each and every expression or manifestation of queer sexuality: Fuck the social order and the Child in whose name we‟re collectively terrorized; fuck Annie; fuck the waif from Les Mis; fuck the poor, innocent kid on the Net; fuck Laws both with capital ls and with small; fuck the whole network of Symbolic relations and the future that serves as its prop. (No Future 29) Elsewhere, I have argued that No Future‟s impassioned polemic is one that disability studies might take to heart. Indeed, the figure that Edelman calls “the disciplinary image of the ‘innocent’ Child” is inextricable not only from queerness but also from disability (19). For example, the Child is the centerpiece of the telethon, a ritual display of pity that demeans disabled people. When Jerry Lewis counters disability activists‟ objections to his assertion that a disabled person is “half a person,” he insists that he is only fighting for the Children: “Please, I’m begging for survival. I want my kids alive,” he implores (in Johnson, Too Late 53, 58). If the Child makes an excellent alibi for ableism, perhaps this is because, as Edelman points out, the idea of not fighting for this figure is unthinkable. Thus, when Harriet McBryde Johnson hands out leaflets protesting the Muscular Dystrophy Association, a confused passerby cannot make sense of what her protest is about. “You‟re against Jerry Lewis!” he exclaims (61). The passerby’s surprise is likely informed by a logic similar to that which, in Edelman‟s analysis, undergirds the use of the word “choice” by advocates of legal abortion: “Who would, after all, come out for abortion or stand against reproduction, against futurity, and so against life?” (16). Similarly, why would anyone come out for disability, and so against the Child who, without a cure, might never walk, might never lead a normal life, might not even have a future at all? The logic of the telethon, in other words, relies on an ideology that might be defined as “rehabilitative futurism,” a term that I coin to overlap and intersect with Edelman‟s notion of “reproductive futurism.” If, as Edelman maintains, the future is envisaged in terms of a fantasmatic “Child,” then the survival of this future-figured-as-Child is threatened by both queerness and disability. Futurity is habitually imagined in terms that fantasize the eradication of disability: a recovery of a “crippled” or “hobbled” economy, a cure for society’s ills, an end to suffering and disease. Eugenic ideologies are also grounded in both reproductive and rehabilitative futurism: procreation by the fit and elimination of the disabled, eugenicists promised, would bring forth a better future.” (68-69)

#### The appeal to linkages that the alt draws attempts to provide a corrective to dominant systems of space – those reinforce Western understandings of the body.

Wheeler ’14

(Stephanie, PhD candidate in English at Texas A&M University, “Legacies of Colonialism: Toward a Borderland Dialogue between Indigenous and Disability Rhetorics”. Disabilities Studies Quarterly Vol. 34, No. 3 (2014), [SG])

The term "borderland dialogues" no doubt brings up associations with Gloria Anzaldúa, whose theoretical framework of Borderlands theory situates borderlands as not only physical boundaries, but also psychological and physiological boundaries. For Anzaldúa, living in borderlands enables inhabitants to navigate the contradictions found in diverse cultural settings, including race, gender, and sexuality. Although Anzaldúa is not widely discussed within the field of Disability Studies, her contribution to the field is no less significant: her experience of living with diabetes theorizes a distinct way to reconsider the relationship between identity, embodiment, and oppression. At first look, Lavonna L. Lovern and Carol Locust's Native American Communities on Health and Disability: Borderland Dialogues appears to build on Anzaldúa's work—the title alone suggests a promise to offer a much-needed dialogue between Indigenous and Disability Studies—yet it steers away from both fields, serving instead to address possible cultural mistranslations between Native and non-Native peoples in Western-based medical institutions. Emphasizing the use of practical information for non-Native medical employees, Lovern and Locust center this information around the concept of "borderland dialogues." Borderland dialogues, as Lovern and Locust define the term, are conversations designed to alleviate the potential for cultural mistranslation by inviting additional perspectives into conversations that involve inter-cultural communication. In these spaces, the cultural position and epistemological theory of each participant is both acknowledged and privileged, affording each participant's contribution to a conversation an equal position. Authenticity of a borderland dialogue is determined by the constant vigilance of each participant's own worldview and the attitudes created by this perspective; this requires an authentic borderland dialogue to be flexible and ready to respond to the participants and issues involved in the dialogue. Native American Communities on Health and Disability functions as a space to practice an authentic borderland dialogue around issues surrounding health and disability. The authors begin by situating their own perspectives as Western academics, drawing on the Habermasian style of communication, wherein each participant must come to the conversation or dialogue from what is familiar. Entering into a borderland dialogue from a Western perspective requires the placement of Indigenous ontology and epistemology into a context that can be "translated" into Western paradigms. In doing so, "Western readers and academics…avoid some of the historic mistakes made concerning Indigenous cultures and Indigenous knowledge claims," such as misinterpretations and biases from historic Western accounts (7). The first section of the book, divided into three chapters, scaffolds Western academic paradigms with Indigenous knowledge claims to culminate in a demonstration of how these paradigms interact in a borderland dialogue of Indigenous manners and hospitality. The authors present the second section of the book—chapters 4 through 8—as a borderland dialogue between various Native American perspectives of wellness, unwellness, and disability. Whereas the first section of the book included Western academic worldviews, the purpose of this largest section of the book "is to allow the Native American voices to participate in a borderland dialogue inside of their own worldviews" (74). Here, the authors offer an overview of traditional Native beliefs regarding disability, illness, wellness, and unwellness, as well as a more nuanced discussion of the beliefs of the Yaqui, Hopi, and San Carlos Apache peoples. The authors emphasize similarities among various Native communities, five of which relate to disability and unwellness: 1) illness affects the mind and spirit as well as the body; 2) wellness is harmony in body, mind and spirit; 3) natural unwellness is caused by the violation of a sacred or tribal taboo; 4) unnatural wellness is caused by witchcraft; and 5) each of us is responsible for our own wellness (78). Among these discussions, disability is categorized as either natural unwellness or unnatural unwellness—disabilities or illnesses that are the result of natural causes or those as a result of unnatural causes—and because each person is responsible for his or her own wellness, disability is thus understood as a consequence of a negative action. Alternatively, the transference of negative energy from one person to another (referred to as "witching" or "witchcraft") leads to unnatural unwellness. It is important to recognize, however, that despite the fact that disability is understood as a consequence, it is not necessarily regarded as a punishment. For example, a pregnant woman's proximity to an animal that is identified as a carrier of negative energy will result in her child being born with a disability. Thus, unlike Western religious and moral models of disability, the understanding of disability that Lovern and Locust present (and consequently work from) resists putting the responsibility of "overcoming" a disability on the individual, and instead regards disability as a difference that Native communities respond to on a case-by-case basis. In this way, it is the responsibility of the community to respond to an individual's disability by finding or creating tasks that will allow them to contribute to the community. Situating disability and unwellness as a result of negative energy also allows Lovern and Locust to decenter a medical approach without necessarily overlooking it. The last section, chapter 9 and the appendix, represents a borderland dialogue among Native and non-Native participants discussing the issue of wellness, including Western medical approaches to health and medicine. While Western medical treatments are discussed and presented as both a viable and common option for Native peoples, Western medicine is not privileged, and is instead presented as only one part of healing: "What may be deemed a cure by the standards of the Western medical practitioners—may be only treatment of the symptoms the Native American. (…) This understanding is why a medicine person may be consulted at the same time a Western medical doctor is seen" (80). Such an approach reflects the need to acknowledge how Western medicine has constructed the concept of disability, and consequently, the ways in which colonial structures frame the relationship between Native peoples and their own bodies. Yet Lovern and Locust never fully flesh out the consequences of this framing, instead choosing to focus on the ways in which Western audiences might approach the "unwell" Native body. Within the medical profession, this is a positive step forward, to be sure—as I have mentioned above, the primary intended audience is those invested in (respectfully) improving treatments and outcomes for Native peoples—yet this approach does not take into full consideration the consequences of the power structures within the borderland dialogues Lovern and Locust put forth. While the authors are careful to emphasize the fact that no information presented in the book should be taken as a universal, the book is intended to function as an entry point into a borderland dialogue. One consequence of this is that the subject of disability becomes secondary to the construction and implementation of borderland dialogues, and on the whole, is presented only as evidence to larger claims surrounding the movement of negative energies. When disability is discussed, it is within the context of Native understandings of unwellness, and is often accompanied by a term that identifies the disability within a Western framework. Thus for many Western readers, the subject of disability may seem to disappear within the larger context of Native understandings of disability: for many Native communities, "mental, physical, or emotional abnormalities were seen as disease or unwellness, not as a 'disability,'" and Western concepts of disability impose "their method of emphasizing the abnormal when for centuries tribes have emphasized the normality of people with differences" (90). Lovern and Locust never fully engage the interaction of these two approaches to disability, nor the implications of reframing these discussions within Western frameworks. Yet the concept of borderland dialogues thrives upon just this: engaging implications of the interaction between varying perspectives and understandings of being in the world. And while the concept of borderland dialogues is useful—it's positioned as a way to build a sustained dialogue between Native and non-Native communities—in practice, this concept of borderland dialogues risks rehearsing the same Western methods that Lovern and Locust construe as problematic. For example, Lovern and Locust spend time defining an "authentic" borderland dialogue as one that "not only allows each participant an equal position but also imposes boundaries for the dialogue being attempted" (2). While Lovern and Locust use this definition so as to maintain the integrity of the dialogue, this emphasis on "authenticity" is still grounded in a Western philosophical model (7). The price for this authenticity, as demonstrated by the examples of borderland dialogues offered throughout the book, is the exclusionary potential that still privileges traditional, Western ways of communication. Unfortunately, part of the dominant Western forms of approaching disability rely on distinctly ableist methods: ironically, for all the emphasis within the book on bringing in different voices and making them equal to one another, the voices of people with disabilities are largely missing from its pages. The presence of people with disabilities is limited to anecdotes, case studies, and subjects of analyses. Furthermore, the presence of disability is predicated on the imagined disabled body, that is, the body that while disabled, still has the capability to contribute to a labor-based community. Thus while borderland dialogues attempt to create a productive space, they do not take into account the power and privilege that exists within and comes from the spaces that are determined as "authentic." This failure to confront the implications of power and privilege is amplified by the omission of Anzaldúa's work. While Lovern and Locust insinuate a relationship between colonialism and illness—specifically with regard to alcoholism—the Western epistemologies from which they work prevent them from considering this relationship in depth. Framing borderland dialogues as an extension of Anzaldúa's work would allow the authors to explore this relationship, given that Anzaldúa's borders are predicated on the fact that experiences of suffering or oppression cannot ever be disengaged from the body. To leave this out amidst the urge to recognize all possible causes for one's unwellness seems a curious omission.

#### Indigenous studies fail to include disability

(**Siobhan** and **Clare**, Journal of Literary & Cultural Disability Studies, Volume 7, Number 2, **2013**<http://muse.jhu.edu/journals/journal_of_literary_and_cultural_disability_studies/v007/7.2.senier01.html> mj)

For all this, critical work on indigenous literature has been **slow to acknowledge disability** as a **useful category of analysis**. Scholars have tended to **subordinate questions of disability to other questions**—about race, culture, sovereignty, or land—**even when disability figures prominently** in the text at hand. There have been a few notable exceptions, such as Michelle Jarman’s study of Silko; Linda Helstern’s work on disability in the fiction of Gerald Vizenor (Ojibwe); and Lawrence Gross’s (Anishinaabeg) discussion of PTSD in literature by Native American war veterans. But these have been isolated essays; to date, we know of **no indigenous studies conferences** that regularly [End Page 123] devote panels or sessions to disability studies; and **no book-length studies** of indigenous representations of disability, **nor sustained studies of literature** by indigenous people with disabilities

#### The 1ACs focus on performance erases the material conditions of disability

Siebers 06 (Tobin, Prof of Literary and Cultural Criticism at the U of Michigan, “Disability Studies and the Future of Identity Politics”) DR 16

The attack on identity by social constructionists is designed to liberate individuals constrained by unjust stereotypes and social prejudices. The example of disability in particular reveals with great vividness the unjust stereotypes imposed on identity by cultural norms and languages as well as the violence exercised by them. It also provides compelling evidence for the veracity of the social model. Deafness was not, for instance, a disability on Martha’s Vineyard for most of the eighteenth century because 1 in 25 residents was deaf and everyone in the community knew how to sign. Deaf villagers had the same occupations and incomes as people who could hear.3 This example shows to what extent disability is socially produced. In fact, it is tempting to see disability exclusively as the product of a bad match between society and some human bodies because it is so often the case. But disability also frustrates theorists of social construction because the disabled body and mind are not easily aligned with cultural norms and codes. Many disability scholars have begun to insist that the social model either fails to account for the difficult physical realities faced by people with disabilities or presents their body and mind in ways that are conventional, conformist, and unrecognizable to them. These include the habits of privileging pleasure over pain, making work a condition of independence, favoring performativity to corporeality, and describing social success in terms of intellectual achievement, bodily adaptability, and active political participation. David Mitchell and Sharon Snyder have noticed that the push to link physical difference to cultural and social constructs, especially ideological ones, has actually made disability disappear from the social model. They cite a variety of recent studies of the body that use “corporeal aberrancies” to emblematize social differences, complaining that “physical difference” within common critical methodologies “exemplifies the evidence of social deviance even as the constructed nature of physicality itself fades from view.”4 As Davis puts it, cultural theory abounds with “the fluids of sexuality, the gloss of lubrication, the glossary of the body as text, the heteroglossia of the intertext, the glossolalia of the schizophrenic. But almost never the body of the differently ab led.”5 Recent theoretical emphases on “performativity,” “heterogeneity,” and “indeterminancy” privilege a disembodied ideal of freedom, suggesting that emancipation from social codes and norms may be achieved by imagining the body as a subversive text. These emphases are not only incompatible with the experiences of people with disabilities; they mimic the fantasy, often found in the medical model, that disease and disability are immaterial as long as the imagination is free. Doctors and medical professionals have the habit of coaxing sick people to cure themselves by thinking positive thoughts, and when an individual’s health does not improve the failure is ascribed to mental weakness. Sontag was perhaps the first to understand the debilitating effects of describing illness as a defect of imagination or will power. She traces the notion that disease springs from individual mental weakness to Schopenhauer’s claim that “recovery from a disease depends on the will assuming ‘dictatorial power in order to subsume the rebellious forces’ of the body” (43-44). She also heaps scorn on the idea that the disabled or sick are responsible for their disease concluding that “theories that diseases are caused by mental states and can be cured by will power are always an index of how much is not understood about the physical terrain of a disease” (55). The rebellious forces of the body and the physical nature of disease represent a reality untouched by metaphor. Sontag insists that “the reality has to be explained” (55).

#### Ligustic Fluncey of the recreates ableism

James M. **Wilce 05**, 1-1-2005, “Language and Madness,” A Companion to Linguistic Anthropology, Chapter 18, http://jan.ucc.nau.edu/~jmw22/cv/LanguageMadnessDurantiEd2004%20copy.pdf, doi: 10.1002/9780470996522.ch18 ED \*ellipses in original text

2 MADNESS COMPROMISING THE LINGUISTIC CAPACITIES OF HUMAN BEINGS

The ability to speak coherently enough to respond appropriately to, and help create, recognizable social contexts helps define our sense of full humanness. From primatologist Jane Goodall to linguist John Lyons (1982), many have built concepts of humanness upon the capacity for linguistic interaction. Radical deviation from normal speech interaction can cause interlocutors to judge one not only insane but less than completely human. This section explores the link between madness and fundamental human linguistic and intersubjective capacities. The capacity for language as we know it probably emerged with anatomically modern Homo sapiens roughly 200,000 years ago (Dunbar 1998: 104). This capacity is not reducible to the grammatical delivery of information but must serve diverse social and semiotic needs. The prototypical site of language use is in social interaction. Such interaction requires a "theory of mind" (ToM), the ability to make continual inferences about others' internal dispositions (feelings, intentions, etc.). Linguistic anthropologist Ochs and her colleagues (in press) review the importance of ToM in relation to autism and call for richer theorization of the social in relation to such conditions: "A study of autism ... holds promise for enhancing theories of society and culture, in that both the struggles and the successes of persons diagnosed with autism make evident what is most essential to participation in human society." To think about ToM is to think about intentionaliry. Whether or not we see intentionality as conscious planning (see Duranti, this volume), we can hardly account for normal language use without modeling some intention to do something in relation to interlocutors - persuade, deceive, amuse, etc. - by speaking. But if this is fundamental to our humanity, and if Sass is correct in finding in some persons with schizophrenia "an experiential attitude that would sever the word from any intention-to-signify" (1992: 203), then such madness severely compromises the socially and linguistically engaged mind. 2.1 Madness as human linguistic gifts run amok Using language in face-to-face interaction requires more than just deploying symbols (arbitrary, invariant signs). It requires pragmatic or indexical competence - fitting speech to context, e.g. through appropriate use of deictics (pronouns and demonstratives) and politeness markers. Where would conversation be without deictics like "you" or "I"? Talk works from a "deictic origo" or center to locate "close" and "far," "self" and "other," even while speakers exchange turns and move about in space. Indexicality is key to an anthropological approach to language (Duranti 1997). But madness compromises the capacity to grasp what is indexed, i.e. "the range of socio-cultural dispositions, acts, identities, activities, and institutions indexed moment-by-moment by linguistic and other conventional semiotic features of shifting social situations" (Ochs et al., in press). Linguistic anthropologists know that "the self" is decentered in much talk; for example, "I" does not index the speaker when (s)he is directly quoting someone else. But schizophrenia radically weakens the integrity of the self. Therefore many experts (including sufferers themselves) describe it as one of the most terrifying of all forms of human suffering. Some sufferers feel "their" thoughts are not "their own" - a feeling so foreign to most of us as to be inconceivable. British psychiatrist Crow attributes this crisis to a disturbance in the way the brain makes the indexical distinctions between thought, one's own speech production, and others' speech. This disturbance is potentiated by the way language and the brain evolved. The "speciation event" or split from the hominid line that produced Homo sapiens involved the latcralization of the brain's language-related functions (two hemispheres, specialized but integrated). Lateralization of brain function is less marked in those with schizophrenia (Crow 2000: 122-3). Our ability to index speaker and addressee with "I" and "you" presupposes clear perception of the difference between speech as heard (from others), as produced, and as thought. Brains are able to distinguish the source of words because they are lateralized. Unfortunately, this means that compromised lateralization distorts speech interaction. In arguing that this is precisely what schizophrenia does, Crow (2000) is proposing a model of the brain and its evolution that explains the neuropsychological grounds of indexicality. His model posits schizophrenia as a breakdown therein, with severe repercussions for success in life and reproduction. And yet the disease represents a common genetic inheritance of our species (occurring in about 1 percent of adults around the world). What possible selective advantage could lateralization confer if it potentiates schizophrenia? Language: the genetic mutations that led to functional lateralization (and the possibility of dysfunction) also give us linguistic capacities, including indexicality. Crow's neurolinguistic vision links a central focus of linguistic anthropology - indexicality - with the evolution and modern function of the brain in a way that clarifies the significance of schizophrenia for anthropology. 2.1.1 Metacommunication and madness Indexicality includes more complex contextual engagements than simply perceiving who is speaking and thus distinguishing "I" from "you." It presupposes sociocultural perspective-taking, including awareness of what implicit rules and messages, indirect indexes, or veiled insults are relevant to the "language game" being played in a given context. Gaps between culturally preferred states (such as approving of others) and actual states (such as disapproval) lead to indirect insults, such as damning with faint praise. Decoding these requires taking the speaker's perspective and imagining other utterances (fuller praise) in comparable contexts. Subtle cues in intonation or rhythm guide the decoding of such messages; that is, they are metacommunicative signs,

#### The alternative is to analyze the disability drive — it comes to terms with the existence of the drive and shatters the fantasy of the ego. Anything else only displaces the lack onto other oppressed groups. The ROTB is to question ideological optimism in the classroom.

Mollow 3 [The Disability Drive by Anna Mollow A dissertation submitted in partial satisfaction of the requirements for the degree of Doctor of Philosophy in English in the Graduate Division of the University of California, Berkeley Committee in charge: Professor Kent Puckett, Chair Professor Celeste G. Langan Professor Melinda Y. Chen Spring 2015. Anna Mollow received her Ph.D. in 2015 from the University of California, Berkeley, where she was an Andrew Vincent White and Florence Wales White Scholar and a UC Dissertation-Year Fellow. She is the coeditor, with Robert McRuer, of Sex and Disability (Duke UP, 2012) and the coeditor, with Merri Lisa Johnson, of DSM-CRIP (Social Text Online, 2013). Anna has published numerous articles on disability, queerness, feminism, race, and fatness. Her essays have appeared, or are forthcoming, in African American Review, Body Politics: Zeitschrift für Körpergeschichte, Hypatia: Journal of Feminist Philosophy, The Journal of Literary and Cultural Disability Studies, WSQ: Women’s Studies Quarterly, MELUS: Multi-Ethnic Literature of the United States, The Disability Studies Reader, Michigan Quarterly Review, the Wiley-Blackwell Companion to Critical and Cultural Theory, Disability Studies Quarterly, Bitch: Feminist Response to Pop Culture, Autostraddle, Everyday Feminism, and Huffington Post.] //Lex VM

Questions about activism press us further, too. In using the lenses of psychoanalysis and literary theory to delineate aspects of the cultural politics of disability, I have not laid out a guideline or program for resisting ableist social structures. I have sought instead to show how developing an understanding of the disability drive—and, in particular, attending to the violences that result from individuals‟ and cultures‟ misrecognitions of the drive—may facilitate transformations in how we conceive of our subjectivities. Such transformations, deeply indebted to the feminist maxim that the personal is political, are not individual solutions akin to the overcoming narrative. Rather, by changing how we understand our “insides,” we may contribute to changing the ways that, “outside,” on the level of the social, we relate to each other. As we saw in Chapter 4, something as seemingly personal as an individual‟s “relationship to food” can raise vexing questions that, when we deny that within ourselves that drives these questions, become the basis of damaging social structures of fatphobia, racism, classism, misogyny, and anti-queer prejudice. If the drive won‟t stop doing us, is it possible that we can allow it to do us differently? In the last paragraph of this dissertation, on the day that it is due, I feel as if I should leave you with a message to take home: perhaps a user‟s guide to the drive, a method for learning to love this thing that won‟t leave us. If I were a queer antisocial theorist, I might propose that we shout out, loud and proud, something like this: “We‟re here! We‟re queer! We are the drive! And you‟ll never get used to us!” But such a call, we saw in Chapter 1, performs a fantasy of overcoming the drive by identifying with it (if you can‟t beat it, join it); and the drive is not a force that can be overcome. Were I to articulate my own version of a saying evoking the feeling of the drive, it would go more like this: “Come on; we‟re late; let‟s go—oh no, where are my keys!?” To be clear, I am the last person who should offer advice about handling the loss of one‟s keys. I know the recommendations—stay calm; breathe; retrace your steps—but rarely do I heed them. For me, it‟s closer to: Panic! Berate self! Look for someone to blame! I have no guide for getting over this set of reactions, but I do want to say this: “The Disability Drive” has been an invitation to think collectively about the ways that, when we feel we cannot bear the psychic or social equivalents of losing our keys (keys potentially serving as metaphors for other objects, the loss of which might be more devastating), the impetus to blame someone else can harden into a fixed idea, a truth that one refuses to relinquish. We have analyzed multiple examples of this process: fat people stigmatized as “compulsive eaters,” feminists caricatured as anti-sex identitarians, and chronically ill people dismissed as “hysterical.” If this dissertation has a moral, it is this: the intolerable feeling that arises when we lose keys, control, or other objects that we think we need in order to believe in our selves, originates not from outside us but from within. This is the drive: it always has its keys in hand. We are not done with the drive.

#### theorizing disability through gradations of debility moves away from a stable conception of disability and allows us to explicitly critique U.S. imperialism while maintaining a larger theory of how power operates. Puar 17

“The Right to Maim: Debility, Capacity, Disability” 2017 // UTDD

”Phenomenological elaborations of **the multiplicity of material embodiment of bodies with disabilities** and the political stakes in the liberatory facets of bodily difference notwithstanding, I join a growing chorus of scholars and activists who urge greater attention not only to how disabled bodies are maintained in difference and hierarchy but also to how disabled bodies are solicited and manufactured. This is a crucial facet of disability that **complicates** the **exceptionalism** of certain kinds of disabilities and disabled bod- ies **with attention to debilitation as a primary activity of capitalist global expansion. Theorizing** these two together—**the biopolitics of disability and** the biopolitics of **debilitation—demands nothing less than the crafting of a scholarly platform that seeks to address and attempts to eliminate the local and global conditions of inequality that give rise to** the incidence of much—if not most—of **the world’s disability**. A disability justice approach, as many have argued, **is** unequivocally antiwar, pro-labor, antiracist, prison abolitionist, and **anti-imperialist.** This approach is **resolutely vigilant about critiquing U.S. imperialism both within the United States—as a settler colonial state—and internationally, as the director of the war on terror**, an occupier of Afghanistan and Iraq, and as the main entity legitimating and funding Israel’s settler colonial occupation of Palestine. There cannot be a focus on growing disability culture alone, for indeed this growth happens within the context of these imperial projects, is informed by them, and cannot be separated from them.11 Any flourishing of cultures of disability and disability pride must be evaluated in the context of these fissures in order to ask who is able to participate in empowerment discourses and practices and why.” (67)

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#### Disability is the master trope for all forms of oppression on the basis of inferiority – involuntary aesthetics disqualify humans based on their ability.

Siebers 10 [Tobin Siebers, Department of English Language and Literature at the University of Michigan; “The Aesthetics of Human Disqualification”; University of Michigan Press; 10/28/2010; accessed 07/30/19 // WHSRS]

**Disqualification as a symbolic process removes individuals from the ranks of quality human beings, putting them at risk of unequal treatment, bodily harm, and death**. That people may be subjected to violence if they do not achieve a prescribed level of quality is an injustice rarely questioned. In fact, even though we may redefine what we mean by quality people, for example as historical minorities are allowed to move into their ranks, we have not yet ceased to believe that nonquality human beings do exist and that they should be treated differently from people of quality. Harriet McBryde Johnson’s debate with Peter Singer provides a recent example of the widespread belief in the existence of nonquality human beings (Johnson). Johnson, a disability activist, argues that all disabled people qualify as persons who have the same rights as everyone else. Singer, a moral philosopher at Princeton University, claims to the contrary that people with certain disabilities should be euthanized, especially if they are thought to be in pain, because they do not qualify as persons. Similarly, Martha Nussbaum, the University of Chicago moral philosopher, establishes a threshold below which “a fully human life, a life worthy of human dignity,” is not possible (181). In particular, she notes that **the onset of certain disabilities may reduce a person to the status of former human being**: “we may say of some conditions of a being, let us say a permanent vegetative state of a (former) human being, that this just is not a human life at all” (181). Surprisingly **little thought and energy have been given to disputing the belief that nonquality human beings do exist**. This belief is so robust that it supports the most serious and characteristic injustices of our day. **Disqualification at this moment in time justifies discrimination, servitude, imprisonment, involuntary institutionalization, euthanasia, human and civil rights violations, military intervention, compulsory sterilization, police actions, assisted suicide, capital punishment, and murder**. It is my contention that disqualification finds support in the way that bodies appear and in their specific appearances—that is, **disqualification is justified through the accusation of mental or physical inferiority based on aesthetic principles**. Disqualification is produced by naturalizing inferiority as the justification for unequal treatment, violence, and oppression. According to Snyder and Mitchell, **disability serves in the modern period as “the master trope of human disqualification**.” They argue that disability represents a marker of otherness that establishes differences between human beings not as acceptable or valuable variations but as dangerous deviations. Douglas Baynton provides compelling examples from the modern era, explaining that during the late nineteenth and early twentieth centuries in the United States disability identity disqualified other identities defined by gender, race, class, and nationality. **Women were deemed inferior because they were said to have mental and physical disabilities. People of color had fewer rights than other persons based on accusations of biological inferiority. Immigrants were excluded from entry into the United States when they were poor, sick, or failed standardized tests**, even though the populations already living there were poor, sick, and failed standardized tests. In every case, **disability identity served to justify oppression by amplifying ideas about inferiority already attached to other minority identities. Disability is the trope by which the assumed inferiority of these other minority identities achieved expression**. The appearance of lesser mental and physical abilities disqualifies people as inferior and justifies their oppression. It is now possible to recognize disability as a trope used to posit the inferiority of certain minority populations, but it remains extremely difficult to understand that mental and physical markers of inferiority are also tropes placed in the service of disability oppression. Before disability can be used as a disqualifier, disability, too, has to be disqualified. Beneath the troping of blackness as inbuilt inferiority, for example, lies the troping of disability as inferior. Beneath the troping of femininity as biological deficiency lies the troping of disability as deficiency. **The mental and physical properties of bodies become the natural symbols of inferiority via a process of disqualification that seems biological, not cultural—which is why disability discrimination seems to be a medical rather than a social problem.** If we consider how difficult it is at this moment to disqualify people as inferior on the basis of their racial, sexual, gender, or class characteristics, we may come to recognize the ground that we must cover in the future before we experience the same difficulty disqualifying people as inferior on the basis of disability. We might also recognize the work that disability performs at present in situations where race, sexuality, gender, and class are used to disqualify people as physically or mentally inferior. **Aesthetics studies the way that some bodies make other bodies feel. Bodies, minimally defined, are what appear in the world. They involve manifestations of physical appearance,** whether this appearance is defined as the physical manifestation itself or as the particular appearance of a given physical manifestation. Bodies include in my definition human bodies, paintings, sculpture, buildings, the entire range of human artifacts as well as animals and objects in the natural world. Aesthetics, moreover, has always stressed that **feelings produced in bodies by other bodies are involuntary, as if they represented a form of unconscious communication between bodies**, a contagious possession of one body by another. Aesthetics is the domain in which the sensation of otherness is felt at its most powerful, strange, and frightening. Whether the effect is beauty and pleasure, ugliness and pain, or sublimity and terror, the emotional impact of one body on another is experienced as an assault on autonomy and a testament to the power of otherness. Aesthetics is the human science most concerned with invitations to think and feel otherwise about our own influence, interests, and imagination. Of course, **when bodies produce feelings of pleasure or pain, they also invite judgments about whether they should be accepted or rejected in the human community.** People thought to experience more pleasure or pain than others or to produce unusual levels of pleasure and pain in other bodies are among the bodies most discriminated against, actively excluded, and violated on the current scene, be they disabled, sexed, gendered, or racialized bodies. **Disabled people, but also sex workers, gay, lesbian, bisexual, and transgendered people, and people of color, are tortured and killed because of beliefs about their relationship to pain and pleasure** (Siebers 2009). This is why **aesthetic disqualification is not merely a matter for art critics or museum directors but a political process of concern to us all.** An understanding of **aesthetics** is crucial because it **reveals the operative principles of disqualification used in minority oppression**. Oppression is the systematic victimization of one group by another. It is a form of intergroup violence. That oppression involves “groups,” and not “individuals,” means that it concerns identities, and this means, furthermore, that oppression always focuses on how the body appears, both on how it appears as a public and physical presence and on its specific and various appearances. Oppression is justified most often by the attribution of natural inferiority—what some call “in-built” or “biological” inferiority. Natural inferiority is always somatic, focusing on the mental and physical features of the group, and it figures as disability. **The prototype of biological inferiority is disability. The representation of inferiority always comes back to the appearance of the body and the way the body makes other bodies feel**. This is why the study of **oppression requires an understanding of aesthetics—not only because oppression uses aesthetic judgments for its violence but also because the signposts of how oppression works** are visible in the history of art, where aesthetic judgments about the creation and appreciation of bodies are openly discussed. One additional thought must be noted before I treat some analytic examples from the historical record. First, despite my statement that disability now serves as the master trope of human disqualification, **it is not a matter of reducing other minority identities to disability identity. Rather, it is a matter of understanding the work done by disability in oppressive systems.** In disability oppression, **the physical and mental properties of the body are socially constructed as disqualifying defects, but this specific type of social construction happens to be integral at the present moment to the symbolic requirements of oppression in general**. In every oppressive system of our day, I want to claim, the oppressed identity is represented in some way as disabled, and although it is hard to understand, the same process obtains when disability is the oppressed identity. “**Racism” disqualifies on the basis of race, providing justification for the inferiority of certain skin colors**, bloodlines, and physical features. “**Sexism” disqualifies on the basis of** sex/gender as a direct representation of **mental and physical inferiority.** “**Classism” disqualifies on the basis of family lineage** and socioeconomic power **as proof of inferior genealogical status. “Ableism” disqualifies on the basis of mental and physical differences, first selecting and then stigmatizing them as disabilities**. The oppressive system occults in each case the fact that the disqualified identity is socially constructed, a mere convention, representing signs of incompetence, weakness, or inferiority as undeniable facts of nature. As racism, sexism, and classism fall away slowly as justifications for human inferiority—and the critiques of these prejudices prove powerful examples of how to fight oppression—the prejudice against disability remains in full force, providing seemingly credible reasons for the belief in human inferiority and the oppressive systems built upon it. This usage will continue, I expect, until we reach a historical moment when we know as much about the social construction of disability as we now know about the social construction of race, class, gender, and sexuality. **Disability represents at this moment in time the final frontier of justifiable human inferiority.**

### Case

#### Framework

#### 1] Don’t let them weigh the sum total of their impact—they only get to weigh the unique amount solved by the affirmative. Filter the debate through scope of solvency—there’s no impact to root cause if they don’t solve it

#### 2] No performative or methodological offense, only offense from the plan—reject it cuz it explodes predictable limits, spiking out of neg ground making any discussion qualitatively worse

#### Mitchell 20 isnt solved

#### Space exploration isnt equivalent to the death cause by western exploration

Drake 18 [(NADIA DRAKE, science journalist and contributing writer at National Geographic.), “We need to change the way we talk about space exploration”, National Geographic, https://www.nationalgeographic.com/science/article/we-need-to-change-way-we-talk-about-space-exploration-mars, NOVEMBER 9, 2018] SS

When discussing space exploration, people often invoke stories about the exploration of our own planet, like the European conquest and colonization of the Americas, or the march westward in the 1800s, when newly minted Americans believed it was their duty and destiny to expand across the continent.

But increasingly, government agencies, journalists, and the space community at large are recognizing that these narratives are born from racist, sexist ideologies that historically led to the subjugation and erasure of women and indigenous cultures, creating barriers that are still pervasive today.

To ensure that humanity’s future off-world is less harmful and open to all, many of the people involved are revising the problematic ways in which space exploration is framed. Numerous conversations are taking place about the importance of using inclusive language, with scholars focusing on decolonizing humanity’s next journeys into space, as well as science in general.

“Language matters, and it’s so important to be inclusive,” NASA astronaut Leland Melvin said recently during a talk at the University of Virginia.

Lucianne Walkowicz, an astronomer featured in National Geographic’s docudrama series Mars, spent the last year studying the ethics of Mars exploration as the Chair of Astrobiology at the U.S. Library of Congress. We recently spoke with Walkowicz to examine the problems associated with old-fashioned verbiage and to discuss some solutions. What follows is a record of that conversation, edited for length and clarity.

Why is it so crucial to consider the words we use when describing space exploration?

The language we use automatically frames how we envision the things we talk about. So, with space exploration, we have to consider how we are using that language, and what it carries from the history of exploration on Earth. Even if words like “colonization” have a different context off-world, on somewhere like Mars, it’s still not OK to use those narratives, because it erases the history of colonization here on our own planet. There’s this dual effect where it both frames our future and, in some sense, edits the past.

What are some of the problematic narratives the term “colonization” brings up?

One narrative that comes up a lot draws on the history of Europeans coming to the Americas.

I’ve seen people talk about the arrival of the first European settlers as this romantic, heroic story of people making it in a harsh environment. But of course, there were already people here, in the Americas, when those historical events happened.

Furthermore, a lot of the Europeans’ ability to live throughout the Americas came at the cost of genocide for indigenous people. I think it’s not intuitive, particularly when we talk to white Americans, for example, to think of the history of Columbus’s journey as a story of genocide. But it’s important to realize that’s what it is.

A lot of those historical narratives are also bound up in the history of slavery, for example, so when we talk about how colonies in Virginia grew from being a few settlers to becoming tens of thousands of people, it’s also important to realize that roughly half of those people came against their own will, and many died along the way.

LBL

#### Vote neg on presumption —

#### a) Alt causes — even if space appropriation is an instance of settler colonialism, ending it doesn’t end violence on earth — additionally, they don’t end non-appropriative forms of space exploration like rocket launches — this is offense because claims to undo the settler order while leaving it in tact moralize violence and create a palliative effect

#### b) Colonial equivocation — that idea that humans expanding into space and killing at worst maybe some bacteria is equivalent to the literal genocide of indigenous peoples is repugnant and a turn under their ROB — equating colonizing the moon and colonizing native land trivializes violence and erases native existence

#### c) Nothing they talk about are specific to space appropriation just about the way we talk about space colonization—they haven’t won that the specific projects of exploration or colonization are colonial which

#### 7] Alliance DA - using debate as a mode of advocacy ensures the failure of their radical project – competition means debaters ally themselves with individuals who vote for them and alienate those who are positioned with the burden of rejoinder and forced to negate – at worst you vote affirmative on presumption because they don’t use debate as a stepping stone for their advocacy outside the space and don’t have a net benefit to negating.

#### 8] State engagement is good – Contingent gains are better than the alt ---

#### Pushing native crises aside by “surrendering sovereignty” is a move to innocence – force the 2nr to explain why savanna act, not invisible act, violence against women act, shouldn’t be passed in congress – here’s a testimony from native politician deb haaland

**Segers 19** [Grace Segers, <https://www.cbsnews.com/news/congress-crisis-missing-and-murdered-native-american-women/>, JUNE 12, 2019 ]

"Right now it's almost like nobody knows how to deal with this issue, and that's one of the reasons why it's been kicked aside for so long**,**" said Rep. Deb Haaland of New Mexico, one of the first Native American women to be elected to Congress, in a conference call with reporters. "Congress has never had a voice like mine, a Native American woman who sees the blind spots that have existed for far too long. That's why I've been working on multiple bills and legislation to address this crisis." In a rare example of bipartisanship in such a divided political culture, members of Congress are working together to raise awareness about the epidemic of missing and murdered Native women and improving the federal response**.** Savanna's Act A bipartisan group of senators is sponsoring Savanna's Act, named for Savanna LaFontaine-Greywind, a young pregnant woman who was abducted and killed in Fargo, North Dakota, in 2017. The bill would increase coordination between federal and tribal agencies, improving tribal access to law enforcement databases and mandating that the attorney general and Interior secretary consult with tribes on how to further develop these databases. The bill also requires the Justice Department to create standardized guidelines for responding to cases of missing and murdered Native women, and would mandate that statistics on missing and murdered Native women are sent to Congress in a report each year. "There are all of these questions, and no data. That's the impetus behind Savanna's Act," said Sen. Catherine Cortez Masto, a Democrat from Nevada who introduced the bill with Alaska Republican Sen. Lisa Murkowski this year. "Savanna's Act is something that was important for us to highlight what is going on." The bill was first introduced by North Dakota Democratic Sen. Heidi Heitkamp and Murkowski in 2018. Although it passed the Senate unanimously, it was blocked in the House by former Rep. Bob Goodlatte, the chairman of the Judiciary Committee, who objected to how it dispersed federal funds. Heitkamp was defeated in 2018, but Goodlatte retired at the end of last year, giving the bill another opportunity to pass Congress. Murkowski and Cortez Masto reintroduced the bill in January. It is co-sponsored by four Republicans -- Sens. John Hoeven and Kevin Cramer of North Dakota, Dan Sullivan of Alaska, and Thom Tillis of North Carolina -- and six Democrats -- Sens. Maria Cantwell of Washington, Tom Udall and Martin Heinrich of New Mexico, Jon Tester of Montana, Chris Coons of Delaware, and Jeff Merkley of Oregon. Cortez Masto said that senators had made "some additional language changes" after the bill faced opposition in the House last year. A version of Savanna's Act was also introduced in the House by Democratic Rep. Norma Torres of California, Republican Rep. Dan Newhouse of Washington, and Haaland in May. Like the Senate bill, it has a raft of bipartisan co-sponsors -- including the other three Native American members of the house, Reps. Sharice Davids, Tom Cole and Markwayne Mullin. "Sometimes the record of that missing indigenous woman or person isn't documented, leaving questions unanswered for sometimes decades, leading to gaps in information, missing person cases unsolved and perpetrators roaming the streets," Haaland told reporters. "In this updated version of Savanna's Act, I worked hard to prioritize the safety of Native women, including urban areas to protect indigenous women throughout the country." Not Invisible Act Another bill addressing the crisis, the Not Invisible Act, is also under consideration in the House and Senate. The legislation was introduced in the House by Haaland, a member of the Pueblo Nation of Laguna; Davids, a member of the Ho-Chunk Nation of Wisconsin; Cole, a member of the Chickasaw Nation of Oklahoma; and Mullin, a member of the Cherokee Nation. The bill would create an advisory committee comprised of law enforcement, tribal leaders, survivors, and family members of a victim, which will make recommendations to the Departments of the Interior and of Justice for how to address the crisis. It would also designate an official within the Bureau of Indian Affairs to improve violent crime prevention efforts across federal agencies. Haaland told reporters that the Not Invisible Act could help the federal government overcome the distrust from Native communities by including Native voices on the advisory council. "There's lots of reasons and lots of ways that women go missing," Haaland said. "We do have to be sensitive and accurate in our descriptions of what happens to these women when they are taken away from their communities." Cortez Masto, Murkowski and Tester introduced the bill in the Senate in April. "It was designed to work in conjunction with Savanna's Act," Cortez Masto said about the Not Invisible Act. In the meantime, a bipartisan group of legislators in the House and Senate, including members of the Senate Committee on Indian Affairs and the House Subcommittee for Indigenous Peoples, [sent a letter](https://www.murkowski.senate.gov/imo/media/doc/2019-05-06%20Comptroller%20Dodaro_GAO_MMIW%20GAO%20Study.pdf) to the Government Accountability Office (GAO) asking Comptroller General Gene Dodaro to conduct a study on missing and murdered indigenous women on May 7. The letter said that these members of Congress had "heard from federal officials, tribal leaders, and members of families directly impacted by the [missing and murdered indigenous women] crisis," and that "all agreed that failures in cross-jurisdictional coordination, inadequate MMIW reporting protocols, and poor data collection limit the effectiveness of efforts to track, investigate, and solve MMIW cases." In a visit to Alaska in late May, Attorney General William Barr expressed his willingness to address the crisis of violence against women in tribal communities. "We have programs that are directed at violence against women, which is a major problem in some of these communities, and so there are areas we can help -- but the important thing is that we don't just dribble in grants here and there to make ourselves feel good," Barr said about tribal communities in Alaska. Violence Against Women Act Despite the bipartisanship displayed with Savanna's Act, the Not Invisible Act and the letter to the GAO, not all legislation addressing the crisis has support from members of both parties. The Violence Against Women Act (VAWA) reauthorization passed by the House this year included several amendments intended to address the crisis, including one authored by Haaland that would provide victim advocate services in state courts for Native women living in cities. Another amendment would require the GAO to submit a report on the response of law enforcement agencies on the crisis. The 2013 reauthorization of VAWA included a provision allowing tribal law enforcement to prosecute non-Native perpetrators in cases of domestic violence. The bill passed in the House this year now includes a provision that would expand the definition of domestic violence in the Indian Civil Rights Act of 1968 to include violence against children and elders. It also recognizes tribal jurisdiction over crimes other than domestic violence, such as sexual assault. However, Republicans in the Senate have taken issue to some of the provisions added by the Democratic majority in the House version of the bill, like allowing transgender individuals in women's shelters and preventing gun sales to convicted abusers and those found guilty of stalking misdemeanors. Some Republicans also oppose the extension of tribal prosecution to non-Native persons charged with violent crimes. On May 7, Democratic senators took to the Senate floor to condemn their Republican colleagues for not being willing to support VAWA. "We cannot allow this bill to be buried in the majority leader's so-called 'legislative graveyard,'" said Udall, referring to Senate Majority Leader Mitch McConnell's [vow not to take up progressive legislation](https://www.cbsnews.com/news/mitch-mcconnell-vows-to-be-the-grim-reaper-to-thwart-all-democratic-proposals/) that passed in the House. A spokesman for McConnell told CBS News that there were no announcements on the House version of VAWA, but that work has been underway on similar legislation in the Senate, which is being crafted by Republican Sen. Joni Ernst and Democratic Sen. Dianne Feinstein. He also blamed Democrats for allowing VAWA to expire in order to tack on the controversial provisions. In her interview with CBS News, Cortez Masto condemned Republican opponents of VAWA. "Unfortunately, some of my Republican colleagues want to take out any funding or support for our tribal communities," Cortez Masto said. "It shouldn't be an issue." Nonetheless, while a stalemate continues over VAWA, it's likely that Savanna's Act and the Not Invisible Act are headed for passage in Congress. "I haven't heard of any opposition so far," Haaland said about Savanna's Act. "We have a lot of bipartisan support." The states with the highest populations of Native Americans are a mix of traditionally red and blue states. Cortez Masto, who worked with tribal communities to combat sex trafficking as Nevada's attorney general, emphasized how it was important to raise national awareness about the issue. If the crisis is more widely known, obtaining data on missing and murdered women will be considered more critical. "This is an epidemic," she said.

#### 9] Epistemology focus is bad—

#### [A] You can’t engage in the aff if your tribes’ food source just got messed up by climate change. Abstraction DA to the alt

#### [B] If we prove the neg is a good idea then our epistemology is sufficiently good

LBL

ontology claims can’t be proven true by the aff in the aff because they have also been skew by settler colonanism

Indentity Poltics are used and weaponize in debate to where we think we are solving but in reality we are force into token minority.

You Play into

# Acessiable formating

### 1

#### The desire to fill the insatiable lack creates experiences of impairment that structures the disability drive. The drive is tied up with primary pity which reflects disability upon the ego threatening its ability status – which invokes secondary pity to overcorrect for the shattered-ego necessitating disabled death.

Mollow 15 [The Disability Drive by Anna Mollow A dissertation submitted in partial satisfaction of the requirements for the degree of Doctor of Philosophy in English in the Graduate Division of the University of California, Berkeley Committee in charge: Professor Kent Puckett, Chair Professor Celeste G. Langan Professor Melinda Y. Chen Spring 2015 // WHSRS and Lex VM]

primary pity entails a mixing up of self and other such that the ego belong to “someone else,” This affective response can feel unbearable because it involves a drive toward disability which menaces the ego‟s investments in health, and control to contemplate another person‟s suffering is to question, “Could this happen to me?” Secondary pity attempts to heal primary pity and defend the ego at someone else‟s expense. secondary pity encompasses charity, tears, and calls for a cure. these affects enlarge the ego of the pitier primary pity is so unsettling that We have been driven to lock people in institutions, to stare, to punish, and sentimentalize in not acknowledging that pity Because primary pity is tied up with the disability drive it must be unrepresentable

#### The 1ACs belief of a better future is tied to rehabilitation where the signifier of the Child is placed forward which deems the disabled child a threat to society and is thus eradicated from the political.

Mollow 2 [

the image of the Child” is inextricable from disability the Child is a ritual display of pity that demeans disabled people. the Child makes an excellent alibi for ableism because the idea of not fighting is unthinkable. Who would stand against futurity, and life why would anyone come out against the Child who, without a cure, might never have a future The logic relies on “rehabilitative futurism,” is envisaged in terms of a fantasmatic “Child,” that eradication of disability: a recovery of a “hobbled” economy

#### The appeal to linkages that the alt draws attempts to provide a corrective to dominant systems of space – those reinforce Western understandings of the body.

Wheeler ’14

unlike Western religious and moral models of disability, the understanding of disability that Lovern and Locust present (and consequently work from) resists putting the responsibility of "overcoming" a disability on the individual, and instead regards disability as a difference that Native communities respond to on a case-by-case basis. In this way, it is the responsibility of the community to respond to an individual's disability by finding or creating tasks that will allow them to contribute to the community. Situating disability and unwellness as a result of negative energy also allows Lovern and Locust to decenter a medical approach without necessarily overlooking it. The last section, chapter 9 and the appendix, represents a borderland dialogue among Native and non-Native participants discussing the issue of wellness, including Western medical approaches to health and medicine. While Western medical treatments are discussed and presented as both a viable and common option for Native peoples, Western medicine is not privileged, and is instead presented as only one part of healing: "What may be deemed a cure by the standards of the Western medical practitioners—may be only treatment of the symptoms the Native American. (…) This understanding is why a medicine person may be consulted at the same time a Western medical doctor is seen" (80). Such an approach reflects the need to acknowledge how Western medicine has constructed the concept of disability, and consequently, the ways in which colonial structures frame the relationship between Native peoples and their own bodies. Yet Lovern and Locust never fully flesh out the consequences of this framing, instead choosing to focus on the ways in which Western audiences might approach the "unwell" Native body. Within the medical profession, this is a positive step forward, to be sure—as I have mentioned above, the primary intended audience is those invested in (respectfully) improving treatments and outcomes for Native peoples—yet this approach does not take into full consideration the consequences of the power structures within the borderland dialogues Lovern and Locust put forth. While the authors are careful to emphasize the fact that no information presented in the book should be taken as a universal, the book is intended to function as an entry point into a borderland dialogue. One consequence of this is that the subject of disability becomes secondary to the construction and implementation of borderland dialogues, and on the whole, is presented only as evidence to larger claims surrounding the movement of negative energies. When disability is discussed, it is within the context of Native understandings of unwellness, and is often accompanied by a term that identifies the disability within a Western framework. Thus for many Western readers, the subject of disability may seem to disappear within the larger context of Native understandings of disability: for many Native communities, "mental, physical, or emotional abnormalities were seen as disease or unwellness, not as a 'disability,'" and Western concepts of disability impose "their method of emphasizing the abnormal when for centuries tribes have emphasized the normality of people with differences" (90). Lovern and Locust never fully engage the interaction of these two approaches to disability, nor the implications of reframing these discussions within Western frameworks. Yet the concept of borderland dialogues thrives upon just this: engaging implications of the interaction between varying perspectives and understandings of being in the world. And while the concept of borderland dialogues is useful—it's positioned as a way to build a sustained dialogue between Native and non-Native communities—in practice, this concept of borderland dialogues risks rehearsing the same Western methods that Lovern and Locust construe as problematic. For example, Lovern and Locust spend time defining an "authentic" borderland dialogue as one that "not only allows each participant an equal position but also imposes boundaries for the dialogue being attempted" (2). While Lovern and Locust use this definition so as to maintain the integrity of the dialogue, this emphasis on "authenticity" is still grounded in a Western philosophical model (7). The price for this authenticity, as demonstrated by the examples of borderland dialogues offered throughout the book, is the exclusionary potential that still privileges traditional, Western ways of communication. Unfortunately, part of the dominant Western forms of approaching disability rely on distinctly ableist methods: ironically, for all the emphasis within the book on bringing in different voices and making them equal to one another, the voices of people with disabilities are largely missing from its pages. The presence of people with disabilities is limited to anecdotes, case studies, and subjects of analyses. Furthermore, the presence of disability is predicated on the imagined disabled body, that is, the body that while disabled, still has the capability to contribute to a labor-based community. Thus while borderland dialogues attempt to create a productive space, they do not take into account the power and privilege that exists within and comes from the spaces that are determined as "authentic." This failure to confront the implications of power and privilege is amplified by the omission of Anzaldúa's work. While Lovern and Locust insinuate a relationship between colonialism and illness—specifically with regard to alcoholism—the Western epistemologies from which they work prevent them from considering this relationship in depth. Framing borderland dialogues as an extension of Anzaldúa's work would allow the authors to explore this relationship, given that Anzaldúa's borders are predicated on the fact that experiences of suffering or oppression cannot ever be disengaged from the body. To leave this out amidst the urge to recognize all possible causes for one's unwellness seems a curious omission.

#### Indigenous studies fail to include disability

(**Siobhan** and **Clare**, Journal of Literary & Cultural Disability Studies, Volume 7, Number 2, **2013**<http://muse.jhu.edu/journals/journal_of_literary_and_cultural_disability_studies/v007/7.2.senier01.html> mj)

indigenous literature has been **slow to acknowledge disability** as a **useful category of analysis**. Scholars have tended to **subordinate questions of disability to other questions**—about race, culture, sovereignty, or land—**even when disability figures prominently** in the text at hand. There have been a few notable exceptions, such as Michelle Jarman’s study of Silko; Linda Helstern’s work on disability in the fiction of Gerald Vizenor (Ojibwe); and Lawrence Gross’s (Anishinaabeg) discussion of PTSD in literature by Native American war veterans. But these have been isolated essays; to date, we know of **no indigenous studies conferences** that regularly [End Page 123] devote panels or sessions to disability studies; and **no book-length studies** of indigenous representations of disability, **nor sustained studies of literature** by indigenous people with disabilities

#### The 1ACs focus on performance erases the material conditions of disability

Siebers 06

The attack on identity by social constructionists is designed to liberate individuals constrained by social prejudices. it is tempting to see disability as the product of a bad match between society and some bodies because it is often the case disability frustrates theorists of social construction because the disabled body and mind are not easily aligned with cultural norms These include avoring performativity to corporeality, , and active political participation the push to link physical difference to cultural constructs especially ideological ones, has made disability disappear Recent theoretical emphases on “performativity,” privilege a disembodied ideal of freedom, suggesting that emancipation from social codes and norms may be achieved by imagining the body as a subversive text. These emphases are not only incompatible with the experiences of people with disabilities; they mimic the fantasy found in the medical model, that disability are immaterial as long as the imagination is free describing illness as a defect of imagination or will power that “theories that diseases are caused by mental states and can be cured by will power are always an index of how much is not understood about the physical terrain of a disease The rebellious forces of the body and the physical nature of disease represent a reality untouched by metaphor.

#### Ligustic Fluncey of the recreates ableism

James M. **Wilce 05**, 1-1-2005, “Language and Madness,” A Companion to Linguistic Anthropology, Chapter 18, http://jan.ucc.nau.edu/~jmw22/cv/LanguageMadnessDurantiEd2004%20copy.pdf, doi: 10.1002/9780470996522.ch18 ED \*ellipses in original text

2 MADNESS COMPROMISING THE LINGUISTIC CAPACITIES OF HUMAN BEINGS

The ability to speak coherently enough to respond appropriately to, and help create, recognizable social contexts helps define our sense of full humanness. From primatologist Jane Goodall to linguist John Lyons (1982), many have built concepts of humanness upon the capacity for linguistic interaction. Radical deviation from normal speech interaction can cause interlocutors to judge one not only insane but less than completely human. This section explores the link between madness and fundamental human linguistic and intersubjective capacities. The capacity for language as we know it probably emerged with anatomically modern Homo sapiens roughly 200,000 years ago (Dunbar 1998: 104). This capacity is not reducible to the grammatical delivery of information but must serve diverse social and semiotic needs. The prototypical site of language use is in social interaction. Such interaction requires a "theory of mind" (ToM), the ability to make continual inferences about others' internal dispositions (feelings, intentions, etc.). Linguistic anthropologist Ochs and her colleagues (in press) review the importance of ToM in relation to autism and call for richer theorization of the social in relation to such conditions: "A study of autism ... holds promise for enhancing theories of society and culture, in that both the struggles and the successes of persons diagnosed with autism make evident what is most essential to participation in human society." To think about ToM is to think about intentionaliry. Whether or not we see intentionality as conscious planning (see Duranti, this volume), we can hardly account for normal language use without modeling some intention to do something in relation to interlocutors - persuade, deceive, amuse, etc. - by speaking. But if this is fundamental to our humanity, and if Sass is correct in finding in some persons with schizophrenia "an experiential attitude that would sever the word from any intention-to-signify" (1992: 203), then such madness severely compromises the socially and linguistically engaged mind. 2.1 Madness as human linguistic gifts run amok Using language in face-to-face interaction requires more than just deploying symbols (arbitrary, invariant signs). It requires pragmatic or indexical competence - fitting speech to context, e.g. through appropriate use of deictics (pronouns and demonstratives) and politeness markers. Where would conversation be without deictics like "you" or "I"? Talk works from a "deictic origo" or center to locate "close" and "far," "self" and "other," even while speakers exchange turns and move about in space. Indexicality is key to an anthropological approach to language (Duranti 1997). But madness compromises the capacity to grasp what is indexed, i.e. "the range of socio-cultural dispositions, acts, identities, activities, and institutions indexed moment-by-moment by linguistic and other conventional semiotic features of shifting social situations" (Ochs et al., in press). Linguistic anthropologists know that "the self" is decentered in much talk; for example, "I" does not index the speaker when (s)he is directly quoting someone else. But schizophrenia radically weakens the integrity of the self. Therefore many experts (including sufferers themselves) describe it as one of the most terrifying of all forms of human suffering. Some sufferers feel "their" thoughts are not "their own" - a feeling so foreign to most of us as to be inconceivable. British psychiatrist Crow attributes this crisis to a disturbance in the way the brain makes the indexical distinctions between thought, one's own speech production, and others' speech. This disturbance is potentiated by the way language and the brain evolved. The "speciation event" or split from the hominid line that produced Homo sapiens involved the latcralization of the brain's language-related functions (two hemispheres, specialized but integrated). Lateralization of brain function is less marked in those with schizophrenia (Crow 2000: 122-3). Our ability to index speaker and addressee with "I" and "you" presupposes clear perception of. Decoding these requires taking the speaker's perspective and imagining other utterances, they are metacommunicative signs,

#### The alternative is to analyze the disability drive — it comes to terms with the existence of the drive and shatters the fantasy of the ego. Anything else only displaces the lack onto other oppressed groups. The ROTB is to question ideological optimism in the classroom.

Mollow 3 [

I have laid out a program for developing an understanding of the drive and violences from misrecognitions facilitate how we conceive subjectivities changing our “insides,” chang ways that, “outside,” relate We are the drive! performs a fantasy of overcoming the drive it would go like where are my keys!?” Look for someone to blame! no getting over this but think the psychic equivalent of losing keys the impetus to blame someone else ill people dismissed as “hysterical the intolerable feeling that arises when we lose keys originates from within the drive always has its keys in hand

#### theorizing disability through gradations of debility moves away from a stable conception of disability and allows us to explicitly critique U.S. imperialism while maintaining a larger theory of how power operates. Puar 17

“The Right to Maim: Debility, Capacity, Disability” 2017 // UTDD

**the multiplicity of**

**bodies with disabilities**

**complicates**

**exceptionalism**

**with attention to debilitation as**

**primary activity of capitalist**

**expansion**

**debilitation—demands**

**crafting**

**platform that**

**eliminate**

**inequality that give**

**disability**

**anti-imperialist**

**vigilant about critiquing U.S**

**S**

**as a settler colonial state**

#### Disability is the master trope for all forms of oppression on the basis of inferiority – involuntary aesthetics disqualify humans based on their ability.

Siebers 10

**disabilities** **reduce a person to** **former human being**: **disability serves** **as “the master trope of human disqualification** **disability** **served to justify oppression by amplifying inferiority** **attached to other minority identities. Aesthetics studies the** **bodies make other bodies feel** **when bodies produce feelings** **they** **invite judgments** **in the community** **Disabled people** **are tortured and killed** **because of beliefs about** **pain and pleasure** **aesthetics** **reveals** **disqualification used in** **oppression** **The prototype of inferiority is disability** **“Ableism” disqualifies** **physical differences** **selecting and** **stigmatizing them as disabilities** **Disability represents** **the** **frontier of** **inferiority**

### Case

#### Framework

#### 1] Don’t let them weigh the sum total of their impact—they only get to weigh the unique amount solved by the affirmative. Filter the debate through scope of solvency—there’s no impact to root cause if they don’t solve it

#### 2] No performative or methodological offense, only offense from the plan—reject it cuz it explodes predictable limits, spiking out of neg ground making any discussion qualitatively worse

#### Mitchell 20 isnt solved

#### Space exploration isnt equivalent to the death cause by western exploration

Drake 18

space exploration often invoke stories about exploration like European conquest and colonization when believed it duty to expand But space community recognizing these narratives are born from racist, sexist ideologies that historically led to the subjugation and erasure of women and indigenous cultures, creating barriers that are still pervasive today. Numerous conversations are taking place about the importance of using inclusive language, Language matters, and it’s so important to be inclusive The language we use automatically frames how we envision the things we talk about So, with space exploration we have to consider how we are using that language Even if words like “colonization” have a different context off-world, it’s still not OK to use those narratives it erases the history of colonization here on our own planet

LBL

#### Vote neg on presumption —

#### a) Alt causes — even if space appropriation is an instance of settler colonialism, ending it doesn’t end violence on earth — additionally, they don’t end non-appropriative forms of space exploration like rocket launches — this is offense because claims to undo the settler order while leaving it in tact moralize violence and create a palliative effect

#### b) Colonial equivocation — that idea that humans expanding into space and killing at worst maybe some bacteria is equivalent to the literal genocide of indigenous peoples is repugnant and a turn under their ROB — equating colonizing the moon and colonizing native land trivializes violence and erases native existence

#### c) Nothing they talk about are specific to space appropriation just about the way we talk about space colonization—they haven’t won that the specific projects of exploration or colonization are colonial which

#### 7] Alliance DA - using debate as a mode of advocacy ensures the failure of their radical project – competition means debaters ally themselves with individuals who vote for them and alienate those who are positioned with the burden of rejoinder and forced to negate – at worst you vote affirmative on presumption because they don’t use debate as a stepping stone for their advocacy outside the space and don’t have a net benefit to negating.

#### 8] State engagement is good – Contingent gains are better than the alt ---

#### Pushing native crises aside by “surrendering sovereignty” is a move to innocence – force the 2nr to explain why savanna act, not invisible act, violence against women act, shouldn’t be passed in congress – here’s a testimony from native politician deb haaland

**Segers 19** \

"nobody knows how to deal with this issue, one of the reasons why it's been kicked aside for so long Congress has never had a voice a Native American woman who sees the blind spots that have existed for far too long. members of Congress are working together to raise awareness about murdered Native women and improving the federal response Savanna's Act increase coordination between federal and tribal agencies, improving tribal access to law enforcement databases passed the Senate unanimously, it was blocked in the House giving the bill another opportunity to pass Congress. Not Invisible Act, also under consideration Violence Against Women Act reauthorization passed by the House this year included several amendments intended to address the crisis expand the definition of domestic violence in the Indian Civil Rights Act of 1968 We have a lot of bipartisan support."

#### 9] Epistemology focus is bad—

#### [A] You can’t engage in the aff if your tribes’ food source just got messed up by climate change. Abstraction DA to the alt

#### [B] If we prove the neg is a good idea then our epistemology is sufficiently good